BENJAMIN J. CAYETANO
GOVERNOR

DEPT. OF
TRANSPORTATION
PERSONNEL
STAFF

Oct 16   10 26 AM '96

SAM CALLEJO
COMPTROLLER

MARY PATRICIA WATERHOUSE
DEPUTY COMPTROLLER

STATE OF HAWAII
DEPARTMENT OF ACCOUNTING
AND GENERAL SERVICES
P. O. BOX 119
HONOLULU, HAWAII 96810-0119

October 10, 1996

COMPTROLLER'S MEMORANDUM 1996-32

TO: All Directors

ATTN: Personnel and Payroll Staff

FROM: Sam Callejo, Comptroller

SUBJECT: Transfer of Audit Function of State DPS Form 7 and Form G-2

This memorandum supersedes Comptroller Memorandum No. 1996-31.

As of November 1, 1996, the Department of Accounting and General Services, Central Payroll Section ("DAGS/CPS") will no longer audit the State DPS Form 7, Attendance and Leave Record, and the accompanying Form G-2, Application for Transfer of Vacation and Sick Leave Credit or Payment in Lieu of Vacation. Each department will continue to be responsible for certifying the transfers and payments with no further regular review from DAGS/CPS.

DAGS/CPS and Department of Human Resources Development's, Administrative and Audit Division ("DHRD/AAD") staff will jointly conduct random post-audits of payments and associated leave records. Departments will be required to make appropriate payroll adjustments, correct discrepancies found during these audits, and recover any overpayments.

To assist in this transfer of responsibilities, DAGS/CPS and DHRD/AAD staff have developed procedures which will be issued by DHRD and will be effective November 1, 1996.

Should your staff have any questions, please have them contact Claire Fukuji, our Central Payroll Supervisor, at 586-0629.
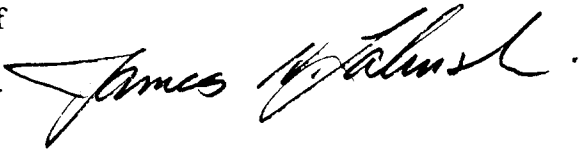
BENJAMIN J. CAYETANO
GOVERNOR OF HAWAII

JAMES H. TAKUSHI
DIRECTOR

JAMES C. KIRCHHOFER
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT
235 S. BERETANIA STREET
HONOLULU, HAWAII 96813-2437

October 14, 1996

TO: All Directors

ATTN: Personnel and Payroll Staff

FROM: James H. Takushi, Director

SUBJECT: Procedures for Transfer of Audit Function of State DPS Form 7 and Form G-2

Comptroller's Memorandum No. 1996-32 provides that as of November 1, 1996, the Department of Accounting and General Services, Central Payroll Section ("DAGS/CPS") will no longer audit the State DPS Form 7, Attendance and Leave Record, and the accompanying Form G-2, Application for Transfer of Vacation and Sick Leave Credit or Payment in Lieu of Vacation. Each department will continue to be responsible for certifying the transfers and payments.

The enclosed procedures, which have been developed jointly by DAGS/CPS and the Department of Human Resources Development's Administrative and Audit Division staff, will be effective as of November 1, 1996.

Should your staff have any questions, please contact Faye Tagawa, Administrative and Audit Division, at 587-1090.

Enclosure

c: The Honorable Charles T. Toguchi

PROCEDURES FOR COMPLETING AND PROCESSING ATTENDANCE AND LEAVE RECORDS

Instructions for Completing the Attendance and Leave Record, DPS Form 7

1. Type the employee's name on the top left corner and the current year in the space provided on the form. (Refer to Attachment A)

2. Determine and post all holidays and days off. (Refer to Attachment A)

3. For on-going employees, post the beginning balances (balances forward) of vacation and sick leave credits. The vacation leave balance cannot exceed 720 hours at the end of each calendar year. The beginning balances should be the same as the ending balances of the prior year. (Refer to Attachment B)

4. The beginning balances for employees who are transferring within departments and between departments are the accrued leave balances from the audited G-2 or the authorized forms used by the counties of Honolulu, Hawaii, Kauai and Maui.

5. Post the hours worked above the dotted line of the block on the Attendance and Leave Record form. Post any leave taken below the dotted line of the block. The total hours per day should equal the number of hours the employee is scheduled to work. *(Example: For a full-time employee, the total hours per day should equal eight (8) hours.)* (Refer to Attachment B)

6. At the end of each month, add up the total hours of vacation leave(s) taken and post the total in the "Vac Hrs" Used column. Then add up the total hours of sick leave(s) taken and post the total in the "Sick Hrs" Used column. (Refer to Attachment B)

7. Calculate the number of vacation/sick hours earned for the month and post it in the "Vac Hrs" Earned and "Sick Hrs" Earned columns. (Refer to Attachment B)

8. Total the vacation and sick leave balances for the month:

    Vac Hrs Bal Fwd
    - Vac Hrs Used
    + Vac Hrs Earned
    New Vac Hrs Bal

    Sick Hrs Bal Fwd
    - Sick Hrs Used
    + Sick Hrs Earned
    New Sick Hrs Bal

Attachment A

LEAVE RECORD

① Type or print year — 1996

① Type or print name — SMITH, Mary

① Complete year — 1996

② Post holidays and days off

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	Hrs Wk	No of Hrs Less than 8 Hrs Wk	No of Hrs	No of Hrs	Over Time Work	No of Hrs	Day Off	Holiday	Vac	Sick	Comp 10	Accidental Injury	Workmen's Compensation	Funeral	Court	Military	Collect Bgn	Adm 10	LWOP	Standby													Bal Fwd
		V	H		H		-	H	V	S	I	I	I	F	C	M	B	A	L	X												

(Vac. Hrs / Sick Hrs / C1F / C1 columns at right)

Used / Earn / Bal. (repeated monthly)

1996 — H

Feb.

Mar.

Apr. — H

May — H

Jun — H

July — H

Aug — H

Sept — H

Oct — H

Nov — H

Dec — H

2

SMITH, Mary

LEAVE RECORD 1996

③ Beginning balances forward

⑥ Post leave used

⑤ Hours worked

⑤ Leave used

Vac Hr	Sick Hr
225	500
24	16
14	14
215	498
8	0
14	14
221	512
8	0
14	14
227	526
0	8
14	14
241	532
5	0
14	14
250	546

A Checklist for Completing the Attendance and Leave Record, DPS Form 7

1. **Refer** to the applicable bargaining unit contracts, administrative rules and executive orders to determine the employee's eligibility for leave benefits.

2. Continue to report those employees who are **not covered** by FLSA or who are **exempted** from the hours of work, overtime and minimum wage provisions of the FLSA.

3. Use only the leave codes established by the Department of Human Resources Development, Administrative & Audit Division. Attached is a list of leave codes. (Refer to Attachment C)

4. All G-1s should be submitted and posted in a timely manner especially when reporting leaves without pay to avoid overpayments to the employee.

5. Inform each employee of his or her leave balances prior to the end of the calendar year.

6. Leave records must be reviewed **annually** to ensure *completeness* and *accuracy*.

Common Types of Errors to Avoid when Posting on the DPS Form 7

1. It is considered incomplete posting when the employee's actual hours worked are not posted on the form. *(Example: Enter "8" or the employee's actual hours worked on the form.)* (Refer to Attachment B)

2. The alpha codes which signifies "S" for sick leave and "V" for vacation leave is incomplete. The leave description and hours should be reported. *(Example: "S8" or "V4")*

3. The errors made most often involves:

   a. careless addition and subtraction of leave credits,

   b. calculating leave credits accrued and

   c. work days not posted

4. The posting on the Form 7 does not match the close of business (cob) date and the OFIS separation date reported on the form G-2.

ABBREVIATIONS USED FOR POSTING ON ATTENDANCE AND LEAVE FORM

Code	Description
A	ADMINISTRATIVE TIME OFF (declared by the Governor)
B	COLLECTIVE BARGAINING
C	COURT OR JURY DUTY LEAVE
F	FUNERAL LEAVE
FLL	FAMILY LEAVE - LEAVE WITHOUT PAY
FLS	FAMILY LEAVE - SICK LEAVE
FLT	FAMILY LEAVE - COMPENSATORY TIME OFF
FLV	FAMILY LEAVE - VACATION
H	HOLIDAY
I	ACCIDENTAL INJURY LEAVE
K	STRIKE
L	LEAVE WITHOUT PAY
M	MILITARY LEAVE
MTL	MEDICAL TREATMENT LEAVE
O	OVER TIME WORKED
T	COMPENSATORY TIME OFF
V	VACATION LEAVE
VLD	VACATION LEAVE DONATED
VLR	VACATION LEAVE RECEIVED
W	WORKERS' COMPENSATION
X	STANDBY

These codes and descriptions are commonly utilized on the DPS-7 and should be used in conjunction with the hour(s) of leave(s) taken.

Instructions for Completing the Application for Transfer of Vacation and Sick Leave Credit or Payment in Lieu of Vacation, Form G-2

Types of Personnel Actions Requiring the Preparation of Form G-2:

1. Interdepartmental movements
2. Changes in funding (i.e. General to Special; General to Federal; Federal to Special, etc.)
3. Separations from service (i.e. Resignations; Retirements; Terminations, etc.)

Complete top portion of the form with employee information taken from the certified Form 5, which reports the separation action. **(NOTE: The effective date must match the close of business (cob) date on the Leave Record.)**
(Refer to Attachment D)

Section A

1. Check the box to report by **HOURS**.

2. Complete the appropriate year for items 1 through 5.

3. Complete the employee's Leave Credits for items 1 through 5 by obtaining the cumulative balances from the most current leave record.

4. The employee's signature is required; however, if the employee is not available for signature, department should type in the space provided "Unavailable for Signature".

Section B

1. Check the applicable box for Payment or Transfer.

2. If the employee is transferring his or her leave credits, complete the blanks.

3. The Department Head or Designee must sign and date the form.

4. The employee's signature is required; however, if the employee is not available for signature, department should type in the space provided "Unavailable for Signature".

   NOTE: For TAOL and *Provisional* employees, vacation and sick leave credits are forfeited at the end of their appointments. The G-2 and leave record form(s) are audited only for record purposes. Type below the second box "FOR RECORD PURPOSES ONLY". (Refer to Attachment M)

   If upon termination of provisional appointment, the employee receives a probationary, limited-term or permanent appointment in the same position, the employee shall be credited with leaves earned and accrued during the provisional

6

STATE OF HAWAII

APPLICATION FOR TRANSFER OF VACATION AND SICK
LEAVE CREDIT OR PAYMENT IN LIEU OF VACATION

Complete
all fields

(BU)

(DEPARTMENT)

EFFECTIVE DATE OF ACTION

(EMPLOYEE S.S. NO) (POSITION NUMBER) (EMPLOYEE NAME   LAST,   FIRST   MIDDLE INITIAL) (PAYROLL NUMBER)

SECTION A.

(CHECK ONE BOX ONLY) ①

② REPORTED BY: ☐ DAYS ☐ HOURS

EMPLOYEE'S LEAVE CREDITS (BY DAYS OR HOURS TO TWO DECIMAL POINTS)	
VACATION	SICK

③

|1| ACCUMULATIVE BALANCE REMAINING AS OF DECEMBER 31, 19____

|2| LEAVE CREDITS EARNED FROM   JANUARY 1, 19____ TO EFFECTIVE DATE OF ACTION

|3| LEAVE TAKEN FROM   JANUARY 1, 19____ TO EFFECTIVE DATE OF ACTION

|4| BALANCE REMAINING AT EFFECTIVE DATE OF ACTION

|5| MAXIMUM ACCUMULATION ALLOWED AT   DECEMBER 31, 19____

|6| EARNED VACATION IN EXCESS OF MAXIMUM ALLOWED.

I HEREBY CONCUR AND ACCEPT THE ABOVE RECORD OF VACATION AND SICK LEAVE.

④

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

SECTION B   THE UNDERSIGNED HEREBY MAKES APPLICATION FOR:

①

☐ PAYMENT FOR VACATION EARNED AT TERMINATION OF SERVICE

☐ TRANSFER OF VACATION AND SICK LEAVE CREDITS AND/OR THE AMOUNT (S) OF VACATION CREDITS

TO_____FROM_____TO_____
DEPARTMENT OR COUNTY TITLE (RECEIVING)   UNIFORM ACCOUNTING CODE   UNIFORM ACCOUNTING CODE

②

I HEREBY CERTIFY THAT I WILL MAKE NO FURTHER CLAIM FOR VACATION AND SICK LEAVE CREDITS AGAINST THE DEPARTMENT FROM WHICH I AM BEING TRANSFERRED OR AGAINST THE STATE GOVERNMENT FROM WHICH I AM BEING TERMINATED.

APPROVED____③____   ____④____
SIGNATURE OF DEPARTMENT HEAD   SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

_____DATE_____   _____DATE_____

SECTION C   ①

☐ PAYMENT FOR VACATION IN EXCESS OF MAXIMUM.

I HEREBY CERTIFY IN ACCORDANCE WITH ACT 142, S.L. 1943, THAT DUE TO EMERGENCY CONDITIONS EXISTING DURING THE PRECEDING CALENDAR YEAR, IT WAS IMPRACTICABLE TO ALLOW THE ABOVE NAMED EMPLOYEE TO BE GRANTED ACCUMULATED VACATION LAPSED AND FORFEITED AT DECEMBER 31, 19 BY REASON OF SUCH CONDITIONS; AND THAT NO VACATION LEAVE IN ADDITION TO THE AMOUNT REPORTED HEREON HAS BEEN ALLOWED OR TAKEN BY HIM ON ACCOUNT OF SUCH ACCUMULATED VACATION.

I HEREBY CERTIFY THAT I WILL MAKE NO FURTHER CLAIM FOR THE ABOVE VACATION ALLOWANCE, IN EXCESS OF THE MAXIMUM, FOR WHICH I AM BEING PAID:

_____   _____
DEPARTMENT HEAD   SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

②

_____DATE_____   _____DATE_____

INSTRUCTIONS: FURNISH SIGNED AND APPROVED COPIES OF FORM G-2, STATE DPS FORM 7(FOR LATEST FIVE (5) YEARS), AND SUMMARY WARRANT VOUCHERS (IF APPLICABLE) TO THE STATE COMPTROLLER(CENTRAL PAYROLL)

FORM G2
REV. 7/74

STATE OF HAWAII

APPLICATION FOR TRANSFER OF VACATION AND SICK
LEAVE CREDIT OR PAYMENT IN LIEU OF VACATION

BU 03

FORM NO	DEPARTMENT Budget & Finance					EFFECTIVE DATE OF ACTION March 15, 1996
EMPLOYEE SS NO 456-78-9101	POSITION NUMBER 3040	EMPLOYEE NAME	LAST CLOONEY,	FIRST GEORGE	MIDDLE INITIAL	PAYROLL NUMBER 014

SECTION A

(CHECK ONE BOX ONLY)

REPORTED BY: ☐ DAYS ☒ HOURS

EMPLOYEE'S LEAVE CREDITS
(BY DAYS OR HOURS TO TWO DECIMAL POINTS)

		VACATION	SICK
1	ACCUMULATIVE BALANCE REMAINING AS OF DECEMBER 31, 19_95_	84.00	168.00
2	LEAVE CREDITS EARNED FROM JANUARY 1, 19_96_ TO EFFECTIVE DATE OF ACTION	36.00	36.00
3	LEAVE TAKEN FROM JANUARY 1, 19_96_ TO EFFECTIVE DATE OF ACTION **FORFEIT**	120.00	0.00
4	BALANCE REMAINING AT EFFECTIVE DATE OF ACTION	**0.00**	204.00
5	MAXIMUM ACCUMULATION ALLOWED AT DECEMBER 31, 19____		
6	EARNED VACATION IN EXCESS OF MAXIMUM ALLOWED.		

I HEREBY CONCUR AND ACCEPT THE ABOVE RECORD OF VACATION AND SICK LEAVE.

George Clooney
SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

SECTION B

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR:

☐ PAYMENT FOR VACATION EARNED AT TERMINATION OF SERVICE

☐ TRANSFER OF VACATION AND SICK LEAVE CREDITS AND/OR THE AMOUNT (S) OF VACATION CREDITS

TO_____ FROM_____ TO_____
DEPARTMENT OR COUNTY TITLE (RECEIVING)   UNIFORM ACCOUNTING CODE   UNIFORM ACCOUNTING CODE

FOR RECORD PURPOSES ONLY

I HEREBY CERTIFY THAT I WILL MAKE NO FURTHER CLAIM FOR VACATION AND SICK LEAVE CREDITS AGAINST THE DEPARTMENT FROM WHICH I AM BEING TRANSFERRED OR AGAINST THE STATE GOVERNMENT FROM WHICH I AM BEING TERMINATED

APPROVED_____ _Lydon Taylor_ _____   _George Clooney_
SIGNATURE OF DEPARTMENT HEAD   SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

_3-29-96_   _3·16·96_
DATE   DATE

SECTION C

☐ PAYMENT FOR VACATION IN EXCESS OF MAXIMUM.

I HEREBY CERTIFY IN ACCORDANCE WITH ACT 142, S.L. 1943, THAT DUE TO EMERGENCY CONDITIONS EXISTING DURING THE PRECEDING CALENDAR YEAR, IT WAS IMPRACTICABLE TO ALLOW THE ABOVE NAMED EMPLOYEE TO BE GRANTED ACCUMULATED VACATION LAPSED AND FORFEITED AT DECEMBER 31, 19 BY REASON OF SUCH CONDITIONS; AND THAT NO VACATION LEAVE IN ADDITION TO THE AMOUNT REPORTED HEREON HAS BEEN ALLOWED OR TAKEN BY HIM ON ACCOUNT OF SUCH ACCUMULATED VACATION

I HEREBY CERTIFY THAT I WILL MAKE NO FURTHER CLAIM FOR THE ABOVE VACATION ALLOWANCE, IN EXCESS OF THE MAXIMUM, FOR WHICH I AM BEING PAID:

_____   _____
DEPARTMENT HEAD   SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

_____   _____
DATE   DATE

INSTRUCTIONS FURNISH SIGNED AND APPROVED COPIES OF FORM G-2, STATE DPS FORM 7(FOR LATEST FIVE (5) YEARS), AND SUMMARY WARRANT VOUCHERS (IF APPLICABLE) TO THE STATE COMPTROLLER(CENTRAL PAYROLL)

FORM G2
REV 1/74

appointment. If the employee does not receive a probationary, limited-term or permanent appointment, the vacation leave credits are automatically forfeited.

Section C - To be completed only if requesting payment for vacation in excess of the maximum.

1. Check the box for **Payment**.

2. Department Head or Designee and Employee must sign and date the form.

3. Additional supporting documents:

   a) Letter/Memo to State Comptroller to request payment for vacation in excess of maximum.

   b) Audited G-2 (audit by departments). **NOTE: DO NOT DISBURSE THE FORM**

   c) Form G-1 or other supporting document (e.g. letter/memo stating the period of vacation leave requested and a statement from the appointing authority denying the request for vacation leave).

   d) Transmit all of the above mentioned documents to the State Comptroller for review and approval.

A Checklist for Completing the Application for Transfer of Vacation and Sick Leave Credit or Payment in Lieu of Vacation, Form G-2

1. Check the form for completeness (including required signatures) and accuracy.

2. Audit the Leave Records.

3. Signature of the Department Head or Designee is required for all actions.

4. The department is required to make the appropriate distribution.

Common Types of Errors to Avoid when Completing the Form G-2

1. Departments fail to zero out (0) any vacation leave(s) earned and report the leave balance on the form G-2 for employees who are to forfeit the leave. *(Example: A TAOL employee who separates or terminates from service should automatically forfeit his or her vacation leave(s) earned; however, department reports the leave balance on the form G-2 for payment.)*

2. Balances reported on the form do not match the balances found on the leave Form 7 due to mathematical errors or carelessness.

3. The form is not signed by the Department Head or authorized Designee.

4. The form is not signed by the Employee or left blank.

5. Many discrepancies are found on the form G-2 (e.g. the information reported on the form G-2 does not match OFIS information such as employee's SSN, position number, BU and close of business (cob) date).

6. Departments fail to indicate the type of action taken (e.g. transfer or payment).

7. The Uniform Accounting Code (UAC) is missing on the form G-2.

Distribution of the Audited G-2 and DPS Form 7

Applicable to Section A & B

1. Original Copy of audited G-2

   - If payment of vacation credits, send to departmental payroll clerk.
     Payroll continues to process payments in the same manner.

   - If transfer of vacation/sick credits, send to departmental fiscal office.

   - If only for the purpose of auditing the record, file all copies of the form in the employee's folder.

2. Copy #2 of audited G-2 - Transferring Dept. or Receiving Dept.

3. Copy #3 of audited G-2 - Employee Personnel Folder - file in employee's folder with the audited Forms 7.

4. Copy #4 of audited G-2 - Employee's Copy - send to employee.

5. Copy #5 of audited G-2 - Transferring Dept. or Receiving Dept.

6. Copy made for transmittal to the Employees' Retirement System if Copy #5 is sent to the transferring or receiving department.

Applicable to Section C

1. Original Copy with State Comptroller's approved letter/memo - send to departmental payroll clerk.

2. Copy #2 of audited G-2 - Transferring Dept. or Receiving Dept.

3. Copy #3 of audited G-2 - Employee Personnel Jacket - file in employee's folder with the audited Forms 7.

4. Copy #4 of audited G-2 - Employee's Copy - send to employee.

5. Copy #5 of audited G-2 - Transferring Dept. or Receiving Dept.

6. Copy made for transmittal to the Employees' Retirement System if Copy #5 is sent to the transferring or receiving department.

Movements within the Executive Branch

1. Types of appointments where VL credits are forfeited and SL credits are transferred:

   TAOL to TAOL
   TAOL to Probational Appointment
   TAOL to Provisional Appointment
   TAOL to Exempt Appointment
   Provisional Appointment to TAOL

2. Types of appointments where VL credits and SL credits are transferred:

   Permanent (regular status) to Permanent (regular status) on loan to another department Permanent (regular status) to Exempt Appointment - within department or within the Executive Branch
   Permanent (regular status) to Provisional Appointment
   Provisional Appointment to LTA - appointment must be made to same position
   Provisional Appointment to Probationary Appointment - must be made to same position
   Provisional Appointment to Permanent Appointment - must be made to same position
   LTA to Emergency Appointment (appointment within 7 calendar days) to Probational Appointment

3. Types of appointments where VL credits are paid and SL credits are transferred:

   Movement to DOE Certificated
   Movement to UH BOR/APT appointment
   LTA to Provisional Appointment - not appointed to same position

Movements from the Executive Branch to Other Jurisdictions

Vacation and sick leave credits are transferred provided that the position the employee is moving to is one in which vacation and sick leave credits are accrued. *The employee may request and receive payment for all of the employee's vacation credits accumulated up to the effective date of the movement.

The jurisdictions are: The Judiciary, State Legislature - Senate/House, Legislative Auditor, Legislative Reference Bureau, State Ethics Commission, Ombudsman's Office, OHA and the City & County of Honolulu, Counties on Hawaii, Maui and Kauai.

*Refer to Title 14 Administrative Rules, Chapter 14-8-9(i)(5)

COMPLETED FORM 7

SAMPLES

LEAVE RECORD 1996

William Clinton - TAOL Appt Eff. 1-2-95 / Prob Appt 5-1-96

	Vac. Hrs.	Sick Hrs.	CTF	CTZ
Bal. Fwd.	0.00	166.00		
Earn	14.00	14.00		
Bal.	14.00	182.00		
Used		32.00		
Earn	14.00	14.00		
Bal.	28.00	164.00		
Used	24.00			
Earn	14.00	14.00		
Bal.	18.00	178.00		
Used	16.00			
Earn	14.00	14.00		
Bal.	0.00	192.00		
Earn	0.00	192.00		
Earn	14.00	14.00		
Bal.	14.00	206.00		
Used		112.00		
Earn	14.00	14.00		
Bal.	28.00	108.00		
Used		94.00		
Earn	14.00	14.00		
Bal.	42.00	28.00		
Used	40.00	24.00		
Earn	2.00	2.00		
Bal	2.00	4.00		
Used				
Earn	0.00	0.00		
Bal.	2.00	4.00		
Used				
Earn				
Bal.				
Used				
Earn				
Bal.				

Attachment G

LEAVE RECORD 1996

Julia Roberts

| Column Headers (days across): | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |

Category labels across top: 8 Hrs. Wk. | Less Than 8 Hrs Wk. | No. of Hrs. Over Time | O-No. of Hrs. Work | Day Off | Holiday | Vac. | Sick | Comp. T.O. | Accidental Injury | Workmen's Compensation | Funeral | Court | Military | Collect Bgn. | Adm T.O | L.W.O.P. | Standby

Right-hand summary columns: **Vac. Hrs.** | **Sick Hrs.** | **CTF** | **CTZ**

Month		Vac. Hrs.	Sick Hrs.
	Bal. Fwd.	720.00	1080.00
Jan	Used		
	Earn	14.00	14.00
	Bal.	734.00	1094.00
Feb	Used	56.00	16.00
	Earn	14.00	14.00
	Bal.	692.00	1092.00
Mar	Used	14.00	14.00
	Earn	14.00	14.00
	Bal.	706.00	1106.00
Apr	Used	10.00	10.00
	Earn	14.00	14.00
	Bal.	716.00	1116.00
May	Used	6.00	6.00
	Earn	6.00	
	Bal.	722.00	1152.00
Jun	Used		
	Earn	14.00	14.00
	Bal.	736.00	1136.00
Jul	Used		
	Earn	14.00	14.00
	Bal.	760.00	1152.00
Aug	Used	40.00	
	Earn	14.00	14.00
	Bal.	724.00	1164.00
Sept	Used	32.00	
	Earn	14.00	14.00
	Bal.	738.00	1146.00
Oct	Used		
	Earn	14.00	14.00
	Bal.	752.00	1160.00
Nov	Used		
	Earn	14.00	14.00
	Bal.	766.00	1174.00
Dec	Used	*60.00	
	Earn	14.00	14.00
	Bal.	720.00	1166.00

*20 hrs. VL taken in 1997.

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LEAVE RECORD 1997

Julia Roberts   *VL changed to 1996

	Vac. Hrs.	Sick Hrs.	CTF	CTZ
Bal. Fwd.	120.00	188.00		
Used	40.00			
Earn	14.00	14.00		
Bal.	114.00	122.00		

(Rotated monthly leave-record grid for Jan–Dec with columns: No. of Hrs., Less Than 8 Hrs. Wk., Over Time Work, Day Off, Holiday, Vac., Sick, Comp. T.O., Accidental Injury, Workmen's Compensation, Funeral, Court, Military, Collect. Bgn., Adm. T.O., L.W.O.P., Standby; numbered 1–31. Entries include VB, H, K, etc.)

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LEAVE RECORD 1996

Steven Sega

	Vac. Hrs.	Sick Hrs.	CTF	CTZ
Bal. Fwd.	720.00	2860.00		
Used				
Earn	14.00	14.00		
Bal.	734.00	2874.00		
Used	40.00			
Earn	14.00	14.00		
Bal.	708.00	2908.00		
Used				
Earn	14.00	14.00		
Bal.	722.00	2922.00		
Used				
Earn	14.00	14.00		
Bal.	736.00	2936.00		
Used				
Earn	14.00	14.00		
Bal.	750.00	2956.00		
Used				
Earn	14.00	14.00		
Bal.	764.00	2964.00		
Used	120.00			
Earn	14.00	14.00		
Bal.	666.00	2978.00		
Used				
Earn	14.00	14.00		
Bal.	672.00	2992.00		
Used				
Earn	14.00	14.00		
Bal.	686.00	3006.00		
Used				
Earn	14.00	14.00		
Bal.	700.00	3020.00		
Used				
Earn	14.00	14.00		
Bal.	714.00	3034.00		
Used	* 8.00			
Earn	14.00	14.00		
Bal.	720.00	3048.00		

* forfeits 6 hrs. VL

Bart Simpson

LEAVE RECORD 1996

		Vac. Hrs.	Sick Hrs.	CTF	CTZ
Bal. Fwd.		400.00	240.00		
Jan.	Used				
	Earn	14.00	14.00		
	Bal.	414.00	254.00		
Feb.	Used		125.75		
	Earn	14.00	14.00		
	Bal.	428.00	139.75		
Mar.	Used		114.13		
	Earn	14.00	14.00		
	Bal.	442.00	9.82		
Apr.	Used	62.22	53.82		
	Earn	14.00	14.00		
	Bal.	393.78			
May	Used	100.10	14.00		
	Earn	14.00	14.00		
	Bal.	307.65			
Jun.	Used				
	Earn	14.00	14.00		
	Bal.	271.65	14.00		
July	Used	11.00			
	Earn	14.00	14.00		
	Bal.	324.65	28.00		
Aug	Used	140.00	28.00		
	Earn	14.00	14.00		
	Bal.	198.65	14.00		
Sept	Used	152.00			
	Earn	14.00	14.00		
	Bal.	60.05	28.00		
Oct.	Used	32.05			
	Earn	14.00	14.00		
	Bal.	42.00	42.00		
Nov.	Used				
	Earn	14.00	14.00		
	Bal.	56.00	56.00		
Dec	Used		10.00		
	Earn	10.00	10.00		
	Bal.	66.00	66.00		

COMPLETED FORM G-2

SAMPLES

STATE OF HAWAII

APPLICATION FOR TRANSFER OF VACATION AND SICK
LEAVE CREDIT OR PAYMENT IN LIEU OF VACATION

BU 13

FORM NO	DEPARTMENT	EFFECTIVE DATE OF ACTION
	Health	September 6, 1996

EMPLOYEE S S NO	POSITION NUMBER	EMPLOYEE NAME LAST	FIRST	MIDDLE INITIAL	PAYROLL NUMBER
123-45-6789	0001	CLINTON,	WILLIAM		H05

SECTION A

(CHECK ONE BOX ONLY)

REPORTED BY: ☐ DAYS ☒ HOURS

	EMPLOYEE S LEAVE CREDITS (BY DAYS OR HOURS TO TWO DECIMAL POINTS)	
	VACATION	SICK
1 ACCUMULATIVE BALANCE REMAINING AS OF ~~DECEMBER 31~~ APRIL 30, 19 96	0.00	192.00
2 LEAVE CREDITS EARNED FROM ~~JANUARY XX~~ MAY 1, 19 96 TO EFFECTIVE DATE OF ACTION	42.00	42.00
3 LEAVE TAKEN FROM ~~JANUARY XX~~ MAY 1, 19 96 TO EFFECTIVE DATE OF ACTION	40.00	230.00
4 BALANCE REMAINING AT EFFECTIVE DATE OF ACTION	**2.00**	4.00
5 MAXIMUM ACCUMULATION ALLOWED AT DECEMBER 31, 19____		
6 EARNED VACATION IN EXCESS OF MAXIMUM ALLOWED.		

I HEREBY CONCUR AND ACCEPT THE ABOVE RECORD OF VACATION AND SICK LEAVE.

_____
SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

SECTION B

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR:

☒ PAYMENT FOR VACATION EARNED AT TERMINATION OF SERVICE

☐ TRANSFER OF VACATION AND SICK LEAVE CREDITS AND/OR THE AMOUNT ($) OF VACATION CREDITS

TO_____FROM_____TO_____
DEPARTMENT OR COUNTY TITLE   UNIFORM ACCOUNTING CODE   UNIFORM ACCOUNTING CODE
(RECEIVING)

I HEREBY CERTIFY THAT I WILL MAKE NO FURTHER CLAIM FOR VACATION AND SICK LEAVE CREDITS AGAINST THE DEPARTMENT FROM WHICH I AM BEING TRANSFERRED OR AGAINST THE STATE GOVERNMENT FROM WHICH I AM BEING TERMINATED.

APPROVED_____
SIGNATURE OF DEPARTMENT HEAD

9-13-96
DATE

_____
SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

9/6/96
DATE

SECTION C

☐ PAYMENT FOR VACATION IN EXCESS OF MAXIMUM.

I HEREBY CERTIFY IN ACCORDANCE WITH ACT 142, S.L. 1943, THAT DUE TO EMERGENCY CONDITIONS EXISTING DURING THE PRECEDING CALENDAR YEAR, IT WAS IMPRACTICABLE TO ALLOW THE ABOVE NAMED EMPLOYEE TO BE GRANTED ACCUMULATED VACATION LAPSED AND FORFEITED AT DECEMBER 31, 19 BY REASON OF SUCH CONDITIONS; AND THAT NO VACATION LEAVE IN ADDITION TO THE AMOUNT REPORTED HEREON HAS BEEN ALLOWED OR TAKEN BY HIM ON ACCOUNT OF SUCH ACCUMULATED VACATION

I HEREBY CERTIFY THAT I WILL MAKE NO FURTHER CLAIM FOR THE ABOVE VACATION ALLOWANCE, IN EXCESS OF THE MAXIMUM, FOR WHICH I AM BEING PAID:

_____
DEPARTMENT HEAD

_____
DATE

_____
SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

_____
DATE

INSTRUCTIONS: FURNISH SIGNED AND APPROVED COPIES OF FORM G-2, STATE DPS FORM 7(FOR LATEST FIVE (5) YEARS), AND SUMMARY WARRANT VOUCHERS (IF APPLICABLE) TO THE STATE COMPTROLLER(CENTRAL PAYROLL)

FORM G2
REV 7/74

STATE OF HAWAII

APPLICATION FOR TRANSFER OF VACATION AND SICK
LEAVE CREDIT OR PAYMENT IN LIEU OF VACATION

BU 01

FORM NO	DEPARTMENT		EFFECTIVE DATE OF ACTION
	Transportation - Highways Division		December 20, 1996

EMPLOYEE S.S. NO	POSITION NUMBER	EMPLOYEE NAME LAST	FIRST	MIDDLE INITIAL	PAYROLL NUMBER
345-67-8910	2630	SIMPSON,	BART	D.	D41

SECTION A

(CHECK ONE BOX ONLY)

REPORTED BY: ☐ DAYS ☒ HOURS

EMPLOYEE'S LEAVE CREDITS
(BY DAYS OR HOURS TO TWO DECIMAL POINTS)

		VACATION	SICK
1	ACCUMULATIVE BALANCE REMAINING AS OF DECEMBER 31, 19 95	400.00	240.00
2	LEAVE CREDITS EARNED FROM JANUARY 1, 1996 TO EFFECTIVE DATE OF ACTION	164.00	164.00
3	LEAVE TAKEN FROM JANUARY 1, 1996 TO EFFECTIVE DATE OF ACTION	498.00	338.00
4	BALANCE REMAINING AT EFFECTIVE DATE OF ACTION	**66.00**	66.00
5	MAXIMUM ACCUMULATION ALLOWED AT DECEMBER 31, 19____		
6	EARNED VACATION IN EXCESS OF MAXIMUM ALLOWED.		

I HEREBY CONCUR AND ACCEPT THE ABOVE RECORD OF VACATION AND SICK LEAVE.

_____Unavailable for Signature_____
SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

SECTION B

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR:

☒ PAYMENT FOR VACATION EARNED AT TERMINATION OF SERVICE

☐ TRANSFER OF VACATION AND SICK LEAVE CREDITS AND/OR THE AMOUNT (S) OF VACATION CREDITS

TO_____ FROM _____ TO _____
         DEPARTMENT OR COUNTY TITLE   UNIFORM ACCOUNTING CODE   UNIFORM ACCOUNTING CODE
              (RECEIVING)

I HEREBY CERTIFY THAT I WILL MAKE NO FURTHER CLAIM FOR VACATION AND SICK LEAVE CREDITS AGAINST THE DEPARTMENT FROM WHICH I AM BEING TRANSFERRED OR AGAINST THE STATE GOVERNMENT FROM WHICH I AM BEING TERMINATED

APPROVED_____Jane Washington_____
              SIGNATURE OF DEPARTMENT HEAD

12-26-96
DATE

_____Unavailable for Signature_____
SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

_____
DATE

SECTION C

☐ PAYMENT FOR VACATION IN EXCESS OF MAXIMUM.

I HEREBY CERTIFY IN ACCORDANCE WITH ACT 142, S.L. 1943, THAT DUE TO EMERGENCY CONDITIONS EXISTING DURING THE PRECEDING CALENDAR YEAR, IT WAS IMPRACTICABLE TO ALLOW THE ABOVE NAMED EMPLOYEE TO BE GRANTED ACCUMULATED VACATION LAPSED AND FORFEITED AT DECEMBER 31, 19 BY REASON OF SUCH CONDITIONS; AND THAT NO VACATION LEAVE IN ADDITION TO THE AMOUNT REPORTED HEREON HAS BEEN ALLOWED OR TAKEN BY HIM ON ACCOUNT OF SUCH ACCUMULATED VACATION

I HEREBY CERTIFY THAT I WILL MAKE NO FURTHER CLAIM FOR THE ABOVE VACATION ALLOWANCE, IN EXCESS OF THE MAXIMUM, FOR WHICH I AM BEING PAID:

_____
DEPARTMENT HEAD

_____
DATE

_____
SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

_____
DATE

INSTRUCTIONS: FURNISH SIGNED AND APPROVED COPIES OF FORM G-2, STATE DPS FORM 7(FOR LATEST FIVE (5) YEARS), AND SUMMARY WARRANT VOUCHERS (IF APPLICABLE) TO THE STATE COMPTROLLER(CENTRAL PAYROLL)

FORM G2
REV 7/74

STATE OF HAWAII

APPLICATION FOR TRANSFER OF VACATION AND SICK
LEAVE CREDIT OR PAYMENT IN LIEU OF VACATION

BU 03

FORM NO	DEPARTMENT Accounting & General Services	EFFECTIVE DATE OF ACTION June 28, 1996

EMPLOYEE S S NO 234-56-7890	POSITION NUMBER 1002	EMPLOYEE NAME LAST JONATHAN,	FIRST WENDY	MIDDLE INITIAL S.	PAYROLL NUMBER M04

SECTION A

(CHECK ONE BOX ONLY)

REPORTED BY: ☐ DAYS ☒ HOURS

EMPLOYEE'S LEAVE CREDITS (BY DAYS OR HOURS TO TWO DECIMAL POINTS)

		VACATION	SICK
1	ACCUMULATIVE BALANCE REMAINING AS OF DECEMBER 31, 19 95	720.00	500.00
2	LEAVE CREDITS EARNED FROM JANUARY 1, 19 96 TO EFFECTIVE DATE OF ACTION	84.00	84.00
3	LEAVE TAKEN FROM JANUARY 1, 19 96 TO EFFECTIVE DATE OF ACTION	120.00	0.00
4	BALANCE REMAINING AT EFFECTIVE DATE OF ACTION	**684.00**	584.00
5	MAXIMUM ACCUMULATION ALLOWED AT DECEMBER 31, 19____		
6	EARNED VACATION IN EXCESS OF MAXIMUM ALLOWED.		

I HEREBY CONCUR AND ACCEPT THE ABOVE RECORD OF VACATION AND SICK LEAVE.

Wendy A. Jonathan
SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

SECTION B

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR:

☐ PAYMENT FOR VACATION EARNED AT TERMINATION OF SERVICE

☒ TRANSFER OF VACATION AND SICK LEAVE CREDITS AND/OR THE AMOUNT ($) OF VACATION CREDITS

TO   DOT-Airports Division   FROM   G-421-M   TO   S-901-D
DEPARTMENT OR COUNTY TITLE (RECEIVING)   UNIFORM ACCOUNTING CODE   UNIFORM ACCOUNTING CODE

I HEREBY CERTIFY THAT I WILL MAKE NO FURTHER CLAIM FOR VACATION AND SICK LEAVE CREDITS AGAINST THE DEPARTMENT FROM WHICH I AM BEING TRANSFERRED OR AGAINST THE STATE GOVERNMENT FROM WHICH I AM BEING TERMINATED.

APPROVED _Dessie Matson_   _Wendy A. Jonathan_
SIGNATURE OF DEPARTMENT HEAD   SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

7-5-96   6/26/96
DATE   DATE

SECTION C

☐ PAYMENT FOR VACATION IN EXCESS OF MAXIMUM.

I HEREBY CERTIFY IN ACCORDANCE WITH ACT 142, S.L. 1943, THAT DUE TO EMERGENCY CONDITIONS EXISTING DURING THE PRECEDING CALENDAR YEAR, IT WAS IMPRACTICABLE TO ALLOW THE ABOVE NAMED EMPLOYEE TO BE GRANTED ACCUMULATED VACATION LAPSED AND FORFEITED AT DECEMBER 31, 19 BY REASON OF SUCH CONDITIONS; AND THAT NO VACATION LEAVE IN ADDITION TO THE AMOUNT REPORTED HEREON HAS BEEN ALLOWED OR TAKEN BY HIM ON ACCOUNT OF SUCH ACCUMULATED VACATION

I HEREBY CERTIFY THAT I WILL MAKE NO FURTHER CLAIM FOR THE ABOVE VACATION ALLOWANCE, IN EXCESS OF THE MAXIMUM FOR WHICH I AM BEING PAID:

_____   _____
DEPARTMENT HEAD   SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

_____   _____
DATE   DATE

INSTRUCTIONS

FURNISH SIGNED AND APPROVED COPIES OF FORM G-2, STATE DPS FORM 7 (FOR LATEST FIVE (5) YEARS), AND SUMMARY WARRANT VOUCHERS (IF APPLICABLE) TO THE STATE COMPTROLLER (CENTRAL PAYROLL)

FORM G2
REV 7/74